

Name in Full		Rebecca Buckmaster				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Prince Georges</i>		Town <i>Calvert</i>		County	
		Date of death 1903		Month <i>March</i>		Day <i>24</i>	
		Age		Years		Months	
		Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Calvert Co Md</i>	
		Married, Single or Widowed		Occupation			
		Name of Wife or Husband					
		Father's Name <i>James J. Buckmaster</i>		Father's Birthplace <i>Calvert Co Md</i>			
Mother's Maiden Name <i>Laura A. Buckmaster</i>		Mother's Birthplace <i>Calvert Co Md</i>					
Name of person giving information <i>James J. Buckmaster</i>		How related to deceased <i>Father</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Coiling of the cord 151</i>				How long	
		Immediate <i>Asphyxia</i>				How long <i>15 minutes</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>L. H. King Md</i>	
						Address <i>Barstow Md</i>	
Accident or Suicide?							



Name in Full		Dowell				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Prince Frederick</i> <sup>Town</sup>		<i>Calvert</i> <sup>County</sup>		MARYLAND	
		Date of death 190 <i>3</i>		Month <i>March</i>		Day <i>28</i>	
		Age <i>28</i>		Years		Months	
		Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Prince George's Md</i>	
		Married, Single or Widowed		Occupation			
		Name of Wife or Husband					
		Father's Name <i>George H. Dowell</i>		Father's Birthplace <i>Calvert Co Md</i>			
Mother's Maiden Name <i>Mattie E. Wilson</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Father</i>		How related to deceased					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary				How long	
		Immediate <i>Stillborn</i>				How long	
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>S. N. King Md</i>	
						Address <i>Bartons Md</i>	
		Accident or Suicide?					



Mary E. Halland

Town

County

Died at

MARYLAND

1903 Month Day Y. M. D. Native of Occupation  
 Date 189 mch 11 Age 21 Cal. Co.

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband  
of  
Wife

Father's  
Name

Mother's  
Name

George Halland

Elyza J. Smith

Cause of

Primary

Intoxication

How long sick.

all life

Death

Immediate

Muscle

Accident, Suicide, Homicide

Reported by

W. L. Fitch M.D.

Address

St. Paulingtown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John L. Kerr

Died at Chancey Town Calver County

MARYLAND

Date of death 190 3 Month Mar. Day 29 Age 70 Years Months Days

Sex Male Color or Race White Birth-place A.A. Co. Md.

Married, Single or Widowed Married Occupation \_\_\_\_\_

Name of Wife or Husband Mary E. Kerr

Father's Name John Kerr Father's Birthplace Md.

Mother's Maiden Name Betsy Lydes Mother's Birthplace Md.

Name of person giving information James W. Dorsey How related to deceased Son in law

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Paralysis How long 3 years

Immediate \_\_\_\_\_ How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician A.H. Pernie

Address McKendree, Md.

Accident or Suicide? \_\_\_\_\_





Name  
in  
Full52  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

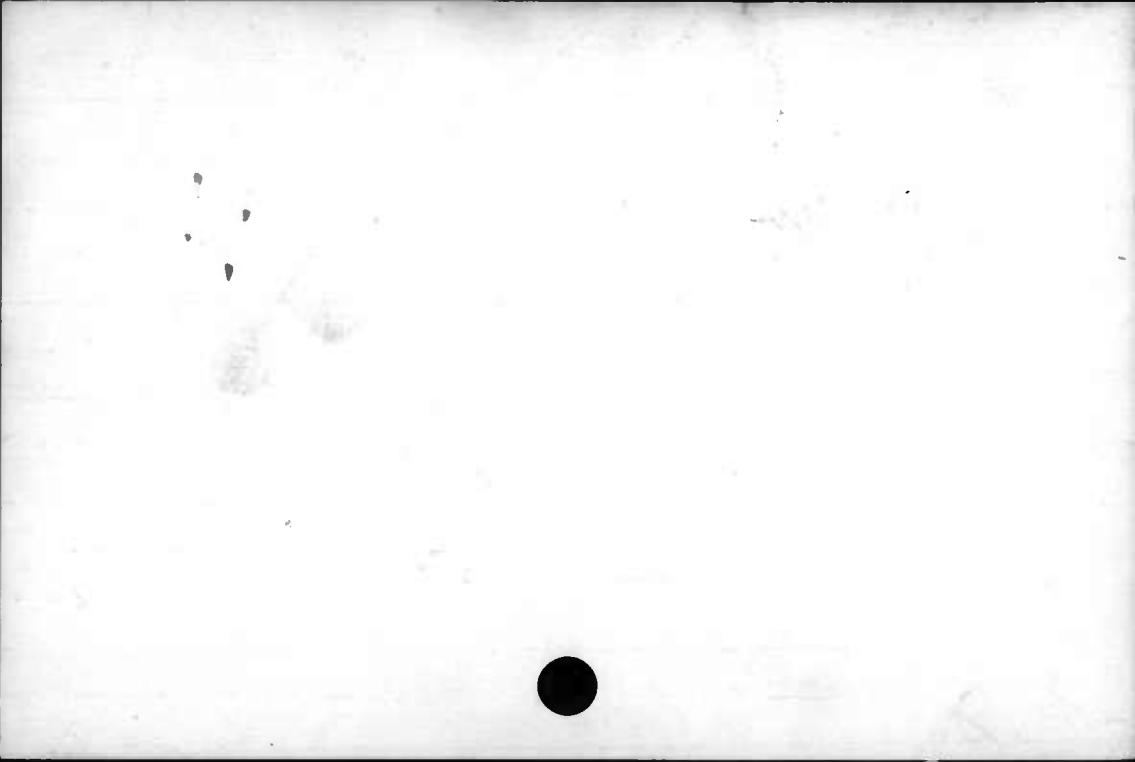
MARYLAND

Died at *John H. Shemwell*  
*Prince Frederick* <sup>Town</sup> *Calvert* <sup>County</sup>Date of death 1903 *March* <sup>Month</sup> *8<sup>th</sup>* <sup>Day</sup> Age *Twenty* <sup>Years</sup> *Two* <sup>Months</sup> *—* <sup>Days</sup>Sex *Male* Color or Race *White* Birth-place *St Mary's Co*Married, Single or Widowed *Married* Occupation *Merchant*Name of Wife or Husband *Gertrude P. Shemwell*Father's Name *William Shemwell* Father's Birthplace *St Mary's Co*Mother's Maiden Name *Ann Shultz* Mother's Birthplace *Georgetown D.C.*Name of person giving information *J. F. Shemwell* How related to deceased *Son*

## CAUSES OF DEATH

Primary *40* How long  
Immediate *Gastric Carcinoma* *about - 9 mos.* How longAre the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *L. N. King*Address *Barstow Md*

Accident or Suicide?



Name In Full

Certificate of Death

Archie Thomas

Died at <sup>Town</sup> Odalumia <sup>County</sup> Calver

MARYLAND

Date 1905 <sup>Month</sup> Nov <sup>Day</sup> 21 Age <sup>Y.</sup> 5. <sup>M.</sup> 2. <sup>D.</sup> <sup>Native of</sup> Ind <sup>Occupation</sup>

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name Jas Thomas Mother's Name Edna Gross

Cause of Death { Primary Consumption How long sick 13 weeks

Death { Immediate Accident, Suicide, Homicide

Reported by Geo B Stafford Undertaker

Address Bowens Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

Edwin D. Weems

CERTIFICATE OF DEATH

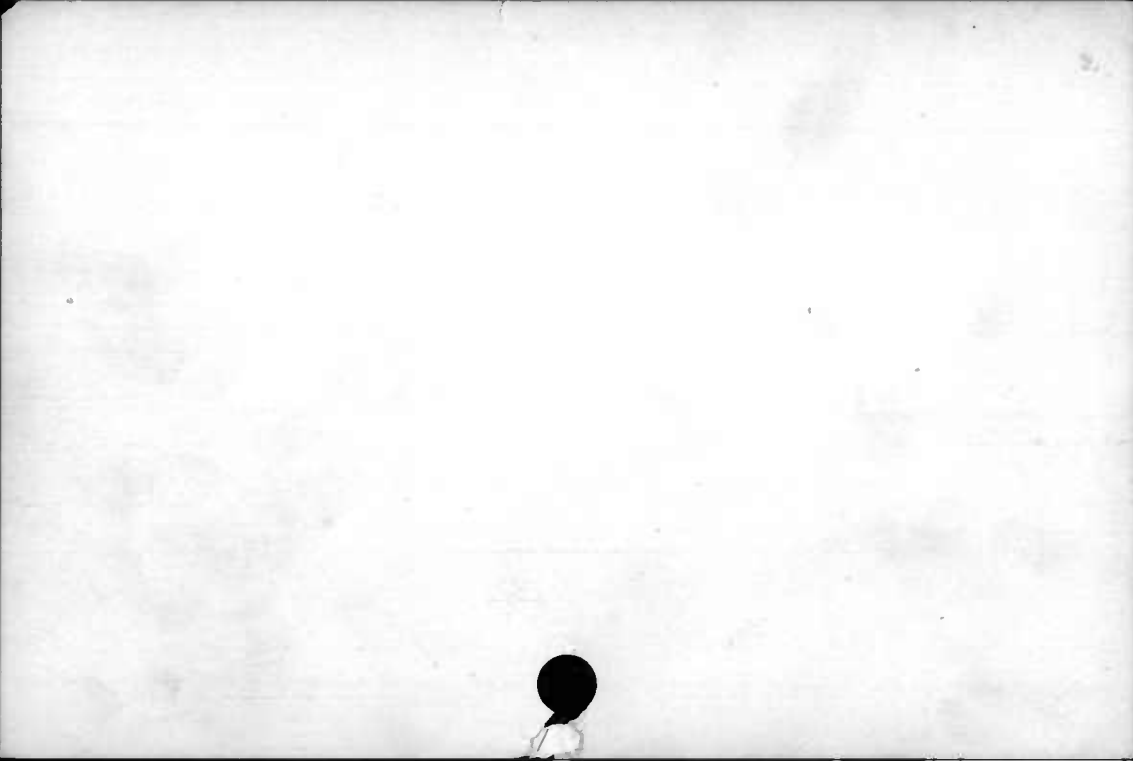
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Solomons</i> <small>Town</small>		<i>Calvert</i> <small>County</small>		MARYLAND	
Date of death 190 <i>3</i>	<i>Mar.</i> <small>Month</small>	<i>10</i> <small>Day</small>	Age <i>63</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Anne Arundel Co</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Engineer</i>			
Name of Wife or Husband <i>Rosa L. Norman</i>					
Father's Name <i>Dr David J. Weems</i>			Father's Birthplace <i>Anne Arundel Co</i>		
Mother's Maiden Name <i>Martha Richardson</i>			Mother's Birthplace <i>Anne Arundel Co</i>		
Name of person giving information <i>Edwin D. Weems Jr</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Mania</i>	How long <i>5 Weeks</i>
Immediate <i>Exhaustion</i>	How long <i>68</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo J Chambers</i>
	Address <i>Cove Pt Calvert Co</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Daniel J Wilkerson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bunkirk</i>			Town <i>Calvert</i>			County			MARYLAND				
Date of death 1903		Month <i>Mar</i>		Day <i>1</i>		Age <i>56</i>		Years		Months <i>1</i>		Days <i>14</i>	
Sex <i>Male</i>				Color or Race <i>White</i>				Birth-place <i>A.A. Co.</i>					
Married, Single or Widowed <i>Widowed</i>				Occupation <i>Farmer</i>									
Name of Wife or Husband													
Father's Name <i>George Wilkerson</i>						Father's Birthplace <i>Calvert Co</i>							
Mother's Maiden Name <i>Ann Cox</i>						Mother's Birthplace <i>" "</i>							
Name of person giving information <i>James R Wilkerson</i>						How related to deceased <i>Brother</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Carcinoma of Liver</i>		How long <i>5 months</i>	
Immediate <i>Same</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. H. Hennessey</i>	
		Address <i>Lo. Abasco, Md</i>	
Accident or Suicide? <i>No</i>			

